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# Like Crazy: A Writer's Search for Information and Inspiration

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*SIT Study Abroad*

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# Like Crazy

A Writer's Search for Information and Inspiration

Sarah Lawrence

SIT Morocco, Spring 2011  
Multiculturalism and Human Rights

Advisor: Abdelhey Diouri

### Abstract

I began this project with the sole aim of learning about the experience of the mentally handicapped in Morocco and the treatment and care options available to their families. However, with my independent study project on hold until I could find an advisor, I began brainstorming a Moroccan-themed fantasy story. Once I started my field research, many of my findings and observations about modern and traditional healing practices for the mentally disabled in the context of the Moroccan family enriched my developing world.

### Acknowledgements

I doubt that I would have been able to get started on my independent study project if Abdelhey Moudden had not sat down with me several times to give me suggestions and help me find an advisor. I would also like to thank my fellow student, Porché Poole, for sharing her contact at the *Association Dar Takadoum* with me when I was starting to worry that I would have nothing on-topic to write about.

### Author's Note

With the exception of consenting interviewees, whose names are listed under "Sources," I have changed all names to protect the privacy of the individuals. All substitute names came from Jilali El Koudia's *Moroccan Folktales*.

“*Elle est malade*,” Mama Lalla said, gesturing toward her head with her hand. I took another look at Khadijah, noticing the hunched shoulders, thin fingers crushed in the opposite hand, and eyes looking up at me even though her chin was pointed down. She gave me the same smile that I have seen used by almost every mentally handicapped person I have ever met, which showed her uncertainty about me. “*Ça bien?*” she asked.

I returned a shy smile of my own. “*Ça va bien.*”<sup>i</sup>

“*Ana mareda.*”

Mama Lalla and my host aunt laughed, nudged me toward the couch, and then conveyed in a mixture of gestures and French that they were off to the *hammam*<sup>ii</sup> and that I should stay and rest. I was not ready to rest, though. I had only been in Morocco for a week and I was curious about everything. After a quick tour of the house, I grabbed my family photos and settled on the couch with Khadijah, testing both our language limits. *Maman* she knew, but the rest of my French went over her head and all of her Arabic washed right through me. Instead, she examined every picture, planting a finger next to a person or object and then leaning over so close to it that her nose almost touched her hand. I watched, turning to a new photograph occasionally, returning all her questions with an embarrassed “*pardon*,”<sup>iii</sup> until we both settled into an easy silence. We could not communicate, but at least we were getting along.

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My curiosity about Khadijah came and went with the questions I raised and with my homestay family’s answers, but my interest in the lives of other mentally handicapped people in Morocco peaked during the village stay. With my independent study project in mind, I kept my eyes and ears open. However, I passed the whole week without seeing or hearing of anyone with

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<sup>i</sup> “It’s good?” “It’s going well.”

<sup>ii</sup> Public baths

<sup>iii</sup> “Excuse me”/“Sorry”

a significant mental or even physical handicap. None of my fellow students' host families had handicapped children or siblings, and no one wandered the roads or asked for food at strangers' houses as I had seen in Rabat's *medina*.<sup>iv</sup> I was skeptical that such a small village, which had been intermarrying for generations, was free of defect, and began to wonder more about how Moroccans viewed mental handicaps...and, more importantly, how families handled and treated them.

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Halfway into the first week of ISP time, I still did not have an advisor. My worry increased as emails to a potential advisor, asking for a meeting, and to the person who recommended him, asking for said advisor's telephone number, both went unanswered. I was anxious to do something with myself, so I began flipping through all the notes I had taken on Moroccan culture, imagining how I could work them into something new. I am an avid fiction writer with a soft spot for fantasy and I had experimented with short stories in settings inspired by places I had lived or traveled. Before settling on a topic, I had toyed with the idea of just writing a Moroccan-style fantasy story for my independent study project, annotating it to explain cultural background and where I had learned certain pieces of information, but I was afraid that this would not get me out in the world enough. Still, since I had little else to do without an advisor, I mentally sorted through the story ideas floating around in my head...and one clicked almost immediately. The plot outline for a combination retelling of the Scottish *Ballad of Tam Lin* and the little-known Grimm's fairy tale *Iron John*<sup>v</sup>, which I had been developing since last summer, seemed made for Marrakesh and the Atlas Mountains.

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<sup>iv</sup> Literally "city", now refers to the old walled city

<sup>v</sup> Both stories can be found online. See "Sources."

Although I often wonder about the moral implications of transplanting stories, retelling folklore in cultural settings far from the tales' country of origin has plenty of precedent. Numerous authors have placed versions of *Cinderella* in China, Donna Jo Napoli set *Beauty and the Beast* in ancient Persia, and my favorite young-adult author, Shannon Hale, set another obscure Grimm's fairy tale, *The Maiden in the Tower*, in an environment inspired by the Mongolian steppe. Over the years I have learned a great deal about world cultures by reading fantasy, and it seemed only appropriate to use my study abroad experiences to shape my third book.

My main concern for translating my story from a European to a Moroccan setting was converting the hierarchy of element-controlling spirits I had built into something a little more native than fairies, elves, and goblins. I knew little about Moroccan folklore, so I looked up djinn...and found out that many Arab cultures, such as Morocco, believed that mental disorders are the result of possession by djinn.<sup>1</sup>

That unexpected connection settled the matter for me. For the next two weeks, I would take two intertwined journeys as I gathered information for my independent study project and hammered out the details of a new story.

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The Friday before the three weeks of independent study time officially started, I joined five strangers in a grand taxi and set off to jump-start the journey towards an actual independent study project. I needed an advisor, badly—I had a broad interest, a hard time finding relevant information in English, and no leads on the ground. Even Mama Lalla was out of reach, as a family emergency had called her to Marrakesh the day after she had agreed to get me in touch with other families in the medina that had a mentally handicapped member. With encouragement from Abdelhey at the CCCL, I was on a desperate mission straight to the source.

The Ar-razi University Psychiatric Hospital in Salé is Morocco's foremost training hospital, but few people from the United States would easily recognize it as such. Whereas most schools and hospitals in the United States are large, imposing buildings difficult to miss, most of Ar-razi lay far from the road behind a whitewashed wall. The two entrances—one for emergencies, one for long-term care—were down a small street instead of on the main road. I approached the open gate for the long-term care center and flitted around the empty guardhouse for a minute, not willing to believe that I could just walk in. At last I found the reception...and found out that the reason I had not heard from my potential advisor was because he was away for the week. Determined not to turn back empty-handed, I asked to see a different doctor, a friend of the man at CCCL who had given me directions to the hospital. To my surprise and relief, I was admitted.

As I stepped out of the reception room, the long-term care facility reminded me at once of the apartment complex I lived in when I lived in Singapore: open green lawns, colorful flower plantings, leaf-shaded parking lots, spaced white buildings with picnic tables and pavilions scattered between them... I also saw a few of the typically Moroccan stray cats darting between groups of people who were eating, talking, and laughing. It was hard to believe that I was in a hospital and not a regular residence.

The—to me—oddly casual atmosphere extended indoors, where the waiting room was set up like any Moroccan house, couch-lined (albeit concrete couches with plastic coverings) and with white walls bare of all but a few pictures of the king and calligraphy. I explained myself at the building's receptionist desk and settled in to wait a good while, since I had shown up unannounced. While I sat, a wide variety of people came and went from the couches, the main door, and the two doors on opposite walls at the far end of the room: women young and old in djellebas, a well-dressed man in a business suit, a fidgety young boy, a beefy man in a stained t-

shirt who talked to the receptionist for almost an hour, several female employees, and a few apparently disinterested teenagers with cell phones. Two cats darted in the doorway, looked around the waiting room, and padded right into the hallways without anyone trying to stop them, which made me wonder about the hospital's sanitation policies.

Finally, the doctor I was waiting for called me over. To my surprise, the doctor was a woman! I had assumed that, in a country where gender discrimination was more in the open than it was the United States, men would dominate the hospital work force. Later I remembered that it is often easier for women to break into devalued professions, usually in the social or care-giving roles traditionally assigned to women, and that in many countries all over the world mental disorders have very negative connotations. At the time, though, my surprise was even greater when she led me to her supervisor, who was also a woman.

I quickly ran into a cultural difference serving double duty as a roadblock: In Morocco, research begins with a single, focused topic rather than with an interest that the writer can narrow and adjust as time and fact-finding progress. Because I had no advisor, I had not been able to refine my topic, so I was completely unprepared for many of the questions that flew my way. *“À quelle université travailles-tu?” “Qui est ton conseiller?” “Quel est ton sujet?” “C’est trop grand! Quelle est ta question?” “Tu as la permission du ministre de la santé?” “Quelle est ta formation?” “Quelle est ton expérience dans cet sujet?”*<sup>vi</sup> When I tried to explain that my project was short-term instead of a graduate project, and handed over the explanation letter from the CCCL, the questions came again in even greater intensity. When I could provide no answers satisfactory for them, the supervisor folded my letter of introduction, handed it back, and told me that without a detailed research proposal I could not expect to work with the hospital.

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<sup>vi</sup> “What university do you work at?” “Who is your advisor?” “What is your topic?” “That’s too big! What is your question?” “Do you have the minister of health’s permission?” “What is your background?” “What is your experience in this subject?”



The day's endeavor had been a failure, but I was not about to give up on my topic. After all, I still had not heard from my potential advisor, who I knew had granted an interview to a previous student from the CCCL. I headed home to email him again, glad that I had at least started my journey even if I had hardly gotten anywhere. If nothing else, I had learned a few valuable lessons that I could apply to my next visit, whatever and whenever that would be.

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During the first week with my homestay family, I practiced speaking the little bit of Darijah we learned in Arabic class. Still unsure of how far Khadijah's knowledge went, I tested her by saying words and then waiting for a reaction. Unfortunately, that was almost always a stare or a laugh that did not correspond to whether I had pronounced the word incorrectly or waved at the wrong thing. Still, she liked seeing the pictures on the class handouts, so I sat next to her while I pointed to objects and said their names. The practice was mostly for me, so I jumped when Mama Lalla said, "*Tu vas enseigner Khadijah?*"<sup>vii</sup> I turned bright red with embarrassment, partly for butchering innocent Darijah words and partly because I was not sure if she really thought that I had the audacity to think that I could achieve in a few weeks what Khadijah's family had not managed to do in her whole life.

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As the first week of independent study drew to a close, I finally had an advisor...but no set interviews until the very last week! On the edge of sheer panic, I ran into a fellow classmate who had found a school with a program for mentally handicapped children. Her project was quite different from mine, but she offered to take me to class with her so that I could talk with the teacher. With no other leads and visions of blank white pages fluttering around in my head, I said yes.

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<sup>vii</sup> Are you going to teach Khadijah?

We took a grand taxi to Takadoun, a district of Rabat far from the parts of town that I knew, and walked down a crowded street to a cluster of medina-style buildings with twisting alleyways. The school itself, *Association Dar Takadoun*, was a converted house with just a few rooms. The one right behind the secretary's desk was the one we wanted. Once again I was skeptical that I would be allowed to just walk in, but this time I was. I sat down to observe class and no one asked who I was, where I came from, or what I was doing there. I found out later that the school—and the class for the mentally handicapped in particular—frequently hosted foreign students doing service abroad, but still felt uneasy that not even the teacher asked my name until two hours into the school day.

Once that happened, though, I put my experience at the hospital to use. Instead of admitting my uncertainty about my project, I shared what was solidly in place—that I was writing a paper about the experiences of children with mental handicaps and needed information. The teacher, Hicham Ihy, was delighted, and encouraged me to observe, interact, take notes, and ask him any questions that I had.

Most of the activities that the students did that day were lessons masquerading as games. Almost all of the students, Hicham explained, knew the difference between good and bad, but sometimes they struggled to tell the difference.<sup>2</sup> Classification was central in the classroom, at least during my time there. Students playing concentration had to identify the animals on the cards and keep their pairs in separate stacks. One young man, Yazit, was learning the colors and separating them into what we call “hot” and “cold” colors in the United States. Another, Bilal, was the one who struggled most with his behavior and who had to stop several times to decide whether something was “mine” or “not mine.” However, Hicham's explanation that the students were excited to have us because it allowed them to get used to “normal people”<sup>3</sup> brought to mind

the most powerful cliché division in the world, which was keeping them from interacting with strangers in daily life: “them” and “us.”

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“No, no, it is not the same,” my advisor told me. Rather fed up with being asked to title a project I had yet to begin, I had turned on my alliteration faucet and produced “*Mareda* in Morocco”—*mareda* meaning “sick” and being the world that Khadijah had been drilled to use as an excuse in almost any situation. “Mental illness, it is something that can come to anyone, but mental handicaps are genetic.”

I nodded to show that I understood his objection. Because my family has a history of mental illness, I am acutely aware of the implications of the phrase “mental illness” in the English language. (I am also aware that a predisposition to mental illness is also genetic, but my understanding kept this from coming up.) In the moment, however, *mareda* had seemed like a better choice than the French *malade à la tête* which translates literally to the rather nasty phrase “sick in the head” and more accurately to “headache.”<sup>4</sup>

Little did I know that the divide between mentally ill and mentally handicapped was going to become my project’s “them” and “us,” a division caused, more often than not, by a lack of understanding and which prevents people—or, in my case, an independent study project—from moving forward.

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One interesting problem of the “them” and “us” divide is that it generally requires an apparent, easily seen trait. In the United States and Morocco, skin color is one of the major forms of difference—and in Morocco, where Europeanization has not influenced every aspect of life, the lighter the skin the more attractive a person seems. As in many countries all over the world, this preference probably reflects the fact that the wealthy could remain inside and pay for

someone else to work under the hot sun, a difference of location that aligns closely with the public and private spheres that Fatima Mernissi explores in depth in her book, *Beyond the Veil*.

Traditionally the mentally handicapped in the care of their family belong to the private, indoor sphere. “To a lot of people they are *hshuma*<sup>viii</sup>,” Hicham explained, “so their families closed the doors on them.”<sup>5</sup> During my homestay, Khadijah left the house only about six times, always with Mama Lalla and only to go to the *hammam* or to visit family. Most of the young men at the *Association Dar Takadoun* spent the majority of their days indoors, from wheelchair-bound Samir, who became so depressed inside that he started to bite his wrists bloody, to Yazit, whose family kept him indoors in part because he was too timid to defend himself from anyone who gave him trouble.<sup>6</sup>

However, this desire to keep mentally handicapped family members inside and out of sight is changing now, just as the role of women in Moroccan society is changing. For both these groups, the divide between a life lived indoors and the ability to go outside came to equate to the difference between a passive life detached from society and an active, involved social life.

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No one who saw Yazit on the street would think that he had a mental handicap. He was friendly, the only student who never failed to go around the room shaking everyone’s hand in greeting or parting, and he had a beautiful smile that appeared easily. Only when someone started to talk with him would they notice something different: he was unusually quiet, hesitant to speak, preferred to point at rather than ask for something, and had difficulty remembering things in the short term. Frankly, Yazit’s behavior the first time we met reminded me a great deal of myself during my first weekend with my homestay family, when I could only say a few words of Darijah and when none of the words my family tried to teach me seemed to stick in my mind.

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<sup>viii</sup> Shameful

I smiled as much as I could to make up for my silence and relied on gestures to make my few needs clear. No one could mistake me for Moroccan even if I kept my mouth shut...but maybe the reason Yazit was so quiet was that he could “pass” as “normal” as long as he did not have to speak.

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Back when I had started planning my story, I ignored problems like this, problems of fitting in. I knew I would keep the piece of *Iron John* in which a fugitive prince from another kingdom finds work with a palace gardener, but I gave no thought to whether he would struggle to integrate into the new culture. In my mind, the hero, Tam, would have a little trouble finding a job, a good bit of trouble when his employer found out that he did not know how to do simple chores, and moderate teasing about his heavy, high-mountain clothing. Now I wondered how I could make his experience a little more realistic.

I do not have the knowledge to create believable languages, but I do know enough to handle regional differences. In the United States the East Coast’s “lollipop,” “bubbler,” and “soda” are the West’s “sucker,” “water fountain,” and “pop.” The village stay had introduced me to a few variations within Morocco. My village family drilled me each night on the names of the animals so that I would not forget that “*feleus*” is “rooster” and “*sheh*” is “sheep.” However, when I returned to Rabat and showed off my new knowledge, my family was quick to correct me, insisting that “sheep” was “*kharouf*” and that “*feleus*” meant “chick.” Vocabulary differences on this small scale I could potentially handle, and it will allow me to incorporate variants on the Moroccan phrases that I have come to love: “*shnoo?*” for “what?”, an “ee” sound on the end of possessive words like “Papi” or “Mami”, and simply “saff” for “*saffi*” to keep from confusing readers unfamiliar with Arabic.

However it works out, Tam's experience still reflects mine and, to some extent, Yazit's. Every time he steps out of the gardener's house, he worries that someone will ask him a question that requires more than a nod or a point, as his accent will mark him as a foreigner. Between the style of his clothes and the difference in his voice, the easiest way for Tam to avoid trouble is to stay inside the palace grounds, where few servants have time to venture and where royals will not deign to talk to workers. But this is a book, and Tam is human...and avoiding trouble is far less interesting than hitting the streets, seeing the world, and dealing with any difficulties as they come up.

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The second day I went to the school was an outing day for the class, so I had a chance to see how the young men behaved in public and how people reacted to them. Hicham hung in the back, letting the students lead the way out of the alleys and up the street to the main road. "They hate being told what to do," he chuckled. They stayed in pairs, Bilal and Amar with their arms around each other's shoulders and Yazit hand-in-hand with Haroun. However, as the streets became less crowded our little group attracted more attention. One construction worker started calling out to us, which put me on edge. I had seen enough fistfights in the *medina* to know that men were even less respectful to each other than they were to women. Hicham started talking back to the man (telling him off, I hoped) and then, to my surprise, he turned around and called Haroun over. The man spoke to Haroun, they smiled at each other, laughed, and shook hands.

Later I asked Hicham if the man was related to Haroun, but he said that Haroun was just well known. "He's very famous for his problem and for his shirt [a jersey for his favorite soccer team, which he always wears]. People are curious, they are curious to talk to people with mental disabilities, and they like to ask him [Haroun] about football." Up to that point, Yazit was the only member of the class that I had consciously thought of as physically "normal," probably

because he had arrived on the first day with a friend of Hicham's who I had mistaken for a special education student. Because I saw all the other young men open and active in class, it had not occurred to me that Bilal and Amar could also probably go unnoticed in the street. Haroun, however, had Down's syndrome, which made him the object of attention and, occasionally, harassment. As Hicham put it, "some people help, some people tease,"<sup>7</sup> and the young men in his class could never know how someone would respond to the sight of them wandering outside, trying to live as an active member in a society that still often wishes that they would stay indoors and out of sight.

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The ruins of Chellah and the parts of Moroccan culture still visible to tourists there had inspired an exploratory scene for my story long before I realized that it would intersect with my independent study project at that beautiful site. The old ablution pool in the necropolis, which is now a home to eels and a water dish to cats, will appear in the finished work, if not quite as it did when I first wrote about it:

The priest shivered as he stepped out of the water and wrapped his robe over his damp ceremonial clothes as he hurried toward the warmth of the temple *hammam*. Tam just watched, acutely aware that he had already sweated through the sleeves and back of his innermost shirt. He had long since given up on amazement at the local population's definition of cold weather. Open wonder just drew attention to the only odd one out—himself.

He waited a moment to be sure that no one else was coming to the pool for their morning ablutions before stepping from behind the screen of greenery and approaching the water's edge. He knelt with his right arm toward the temple and quickly peeled back four layers of cloth from his left arm: *djelleba*, robe, outer sleeve, inner sleeve. Then came his least favorite part. With a swift glance in either direction to be certain that no one was watching, he stripped off his long glove and plunged his hand arm into the water as far as he could without wetting his rolled-up sleeves.

The splash scared the fish, of course, so Tam had to wait for the water to calm and the kissing carp to come back. Something slimy touched him, but a slight flick of his fingers sent it scurrying. Unlike the fish, the eels were thought to be sacred. Tam had accidentally come upon the pool several times while young mothers and desperate middle-aged women were wading, bare to the knees and

elbows, in pursuit of the creatures reputed to ensure long years of fruitful childbearing. Personally, Tam hoped he never had to get closer to an eel than he just had.

This time, however, I was not here to brainstorm adventures for Tam and his friend, Jay, who has a penchant for possessing animals. No, I had returned to Chellah in search of some more real-life culture to include in my paper.

It was actually my second trip to Chellah in search of “*quelqu’un de la famille Chawki*,”<sup>ix</sup> as I said to the ever-polite guards at the gate. The last time I had come, the Chawkis had been away for the day and the guards had told me when I should return before they let me into Chellah for free. This time a groundskeeper who spoke a little English led me away from the front gate, toward a stone wall behind the parking lot. Two wooden planks held a tarp attached to the wall taut above a cluster of stools and wooden crates. Behind a wooden chest covered with teacups, a teapot, a long knife, boxes of sugar, and a pouch overflowing with plastic bags of herbs, sat Boujammà Chawki, Rabat’s *grand maître de Gnaoua*.<sup>x</sup> A well-aged man smoking a long, thin pipe and wearing a green *djelleba*, Chawki listened to the groundskeeper’s introduction and immediately shooed the young man on his right out of the second-best seat so that I could sit down and he could test my French. After determining that we could get along without a translator, I explained my interest to Chawki and the interview began.

I took an oral history class last semester and had to struggle several times to get willing volunteers to open up and share their stories. With Chawki there was not a moment’s hesitation. First he gave me his credentials: his family had been the royal family’s go-to Gnaoua group since his grandmother’s time, he had begun performing at the age of seven, he had played with Jimi Hendrix, he could (and did) name all the countries he had visited on twenty three tours, and his

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<sup>ix</sup> “Someone from the Chawki family”

<sup>x</sup> Chief Gnaoua master



group had played for countless kings, presidents, and prime ministers. Once he finished outlining his personal experience, he launched into a detailed description of the seven main varieties of djinn and the effects that they have on the humans they possessed. Each djinn belongs to a color category, which determines how much power they have and what they can do. Red djinn, for instance, cause people to be extraordinarily angry and to hurt both themselves and others. I had learned in the village that wanting to be alone was considered a sign of mental illness, and Chawki told me that this was also another symptom of possession, with some djinn preferring certain isolated environments to others. Other djinn cause people to be extremely sensitive to light or sound, to talk to someone who is not present, and to eat raw meat and drink the blood of animals.

When a family notices a loved one going to behavioral extremes that do not subside over time, they seek the advice of someone with specialized knowledge. One option is to hire a group of Gnaoua players, who enter the private sphere of the family home. The Gnaouas' job is to identify, name, and either draw the djinn out or change its color to one less powerful by performing music and rituals throughout an entire night. "*Et après, je dors toute la journée,*"<sup>xi</sup> Chawki laughed.

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The day after my meeting with Chawki, I borrowed a book of Moroccan folklore from the library, curious to see how people were supposed to interact with djinn. However, I did not find a single reference to djinn in the entire book. Instead, the ghouls were the supernatural beings of choice, usually threatening to eat the main character but sometimes forming fast friendships with and, on one occasion, even marrying a human!<sup>8</sup> I wondered what the difference was between a ghoul and a djinn, so I looked them up.

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<sup>xi</sup> "And afterwards, I sleep all day."

It turns out that the difference is significant. More people believe in djinn because they are mentioned in the Koran.<sup>9</sup> They are described as a form of being created from fire just as humans were created from dirt, and they live in societies as rich and complex as humans' in a shared, invisible world alongside our own.<sup>10</sup> Ghouls, which only appear in folklore, are nasty spirits of the desert that like to lure humans away from safety to eat them. A few of the traits attributed to ghouls jumped out at me as being suitable descriptors for Tam's friend Jay, a Robin Goodfellow-type of character usually more concerned with amusing himself than with being responsible. Ghouls had a reputation for eating people, especially children; Jay, for all his recklessness, cares a great deal about early deaths and does all he can to prevent them...and consequently is often caught near the dead or dying, and subsequently blamed for the death. Ghouls preferred empty spaces, such as the desert; Jay also prefers land with little life because he can avoid those annoying pangs of responsibility. Finally, one of a ghoul's favorite tricks was disguising itself as an animal; Jay finds that operating on two legs is often inconvenient and makes good use of his ability to turn into an animal at will.<sup>11</sup>

Between the definitions and the folk stories, I had just found enough supernatural beings to restructure the European-folklore-based hierarchy I had created earlier. There was no question about it: Jay was a ghoul.

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With djinn classifications and ghoul hierarchies swirling around in my head, I set out on the Monday of the last week of independent study to meet with a psychologist who I hoped would be able to answer a few questions about Europeanized treatment for the mentally handicapped. Without an exact address, but with a precise description of where my interviewee's office was located, I set off on foot. I had learned from an unexpected adventure in Agdel two weeks earlier that I could not trust a taxi to deliver me exactly where I needed to go.

With my first potential advisor still unreachable, Abdelhey had recommended someone else...someone who actually picked up the phone, arranged a meeting, and gave me an address. I hailed a cab and told the driver where I wanted to go. He nodded his consent, I got in the car, and we were off, chatting in French, Fus'ha and Darijah until he pulled over and asked again where I wanted to go. Surprised, I repeated the address and the name of the university department in which my new potential advisor worked. He started again, stopped twice to ask directions, and finally dropped me off on the (quite long) street I needed because he did not know the area well enough to take me straight to the correct department. A silly misunderstanding that was, in large part, the driver's fault for acting as though he knew something that he did not, took me in the right direction but still left me with fifteen agonizing minutes of asking directions, wandering on unfamiliar streets in the hot sun, and worrying that I would be late for my appointment.

Little did I know I was about repeat the taxi driver's mistake. Remember my incorrect use of *mareda*? The difference between mental illness and mental handicap came up at the time because I was so used to using the simple words that my family used, like *mareda* or *malade*,<sup>xii</sup> that I blanked on the word "handicap" and used "illness" instead. My advisor cleared up my confusion, but that uncertainty reappeared when I talked to both Chawki and a doctor with more modern methods.

I found Dr. Benchekroun's office between Rue Mohammed V and the Mohammed VI National Theater easily enough and walked right into what seemed like an ordinary apartment building. About half the mailboxes had company names or logos on them and, because I live in a residential complex with one company taking up ordinary apartment space, I wondered if people lived in the rest of the apartments. If so, client privacy could be an issue for the offices, as anyone living in the building would be able to see people come and go.

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<sup>xii</sup> Both words simply mean "sick"

After a brief wait in a waiting room very like one I would have expected in the United States—no couch-lined walls here—Bencheckroun called me into his calmingly dim office, full of heavy wooden furniture, dark rugs, and a stack of mattresses that made Freud's famous couch look like a lumpy pillow. One of my first questions confirmed my suspicion that Bencheckroun worked mostly with mental illnesses rather than mental handicaps, but I took the opportunity to ask about a few other points. In Chawki's experience, families tended to come to Chellah in search of Gnaoua treatment after they had been to doctors and lost faith in modern medicine. Bencheckroun, however, acknowledged that most of his patients turned to traditional healing before, after, and even during their time seeing him. Patients might talk to *fiquas* or religious advisors, but they also rely on the advice of their family.

The support of loved ones plays an extremely important role in a patient's recovery; whole or partial families often come to Bencheckroun's office with their affected member. Again, though, mental illness was quite different from mental handicap. I was pleased to hear that Moroccan families cared so much about their members' wellbeing, and I hope that this aspect of medical culture does not disappear completely. In so many European cultures, mental illness is so *hshuma* that many people try to hide their diagnosis even from their loved ones. Mental handicaps seem almost the opposite. Whereas Europeanized cultures send their handicapped children to school, take them to zoos and museums, and fight for a child's right to be in public, many Moroccans keep their mentally handicapped relatives inside and out of sight, no matter what their age.

As I walked home, I continued to wonder where the line fell between mental illness and mental handicap. Bencheckroun specialized in Autism, and the more I thought about the young men at the school in Takadoum the more I began to wonder whether some of them, especially Yazit and Bilal, were Autistic. Bencheckroun had been very honest when he told me that only

those who could afford to pay private practice fees came to see him.<sup>12</sup> Unfortunately, without a good mental health care system, determining the difference between illness and handicap might rest solely in the hands of a family that may not have the time or the money to take their child to a hospital or a specialized care program. In fact, a mental illness like Autism, if undiagnosed and treated incorrectly, could potentially start to *look* like something far more serious—such as a mental handicap.

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As the students of the *Association Dar Takadoun* strolled down the street on their outing, I fell in step with Hicham, told him about my recent experiences with the grand Gnaoua master, and asked his opinion of traditional healing. I had guessed that he would either dislike the methods or see them as pointless but relatively harmless, but instead Hicham was quick to come down hard on traditional practitioners. The *Association* pays for occasional visits to the doctor for its special education class and Hicham usually accompanies his students, often alone after the initial meeting with the doctor, when the family's presence is required. Several of his students were mistreated, not out of spite or neglect but simply because their families lacked knowledge about the kind of care that their children needed.<sup>13</sup> Many of his activities are designed to build confidence battered by confinement, misplaced discipline, and excessive help that prevented the students from learning to do simple tasks. Hicham believes that the most important thing he does to help his students integrate in the outside world is “to undo what society did to them.”<sup>14</sup>

With such a strong response from someone with only “a lot of experience”<sup>15</sup> and admirable concern for his students as credentials, I expected a professional to have an even more rigid opinion...so I was surprised again when Bencheckroun refused to pass judgement on traditional medicine. As he reasoned, “you always have a good person and a bad person. Some people are actually very good psychotherapists, but there are also a lot of charlatans who just

want money.” The only time when the clash between the two types of practices became a problem, he said, was when traditional healers refused to acknowledge the work of professional psychologists and told their patients to stop taking their medications.<sup>16</sup> I winced inwardly when Benchekroun said this. My mother, sister, and I all have depression and we had all made the mistake of quitting cold turkey at some point in our lives and suffered the results. Spiritual guidance is an effective part of treatment for many people, but an error like that, based on one person’s judgement of another’s healing methods, could prove disastrous.

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Unfortunately, misjudgements are all too common when it comes to the mentally handicapped. Because they look, behave, or communicate differently or difficultly, many people assume that they are completely unintelligent or incompetent.

Samir was always courteous, refusing to start a game until Hicham had a free moment to tell me that Samir said, “Ladies first.” He was also a gifted math whiz, able to solve large, complicated problems in his head. Haroun, the young man with Down’s syndrome, knew all the rules of soccer and, although a lack of coordination kept him from doing fancy footwork, his aim with a ball was impressive. Amar could beat anyone at concentration with his seemingly psychic ability to find matching pairs by watching the other player shuffle and spread out the cards. Yazit learned how to play concentration between Monday and Thursday, advancing from face-up card matching with ten pictures to face-down recall with thirty pictures in just three days. Bilal, the highest functioning member of the class, was informally in training to become a special education teacher’s assistant.<sup>17</sup>

Only on my last day at the school did I meet a young woman in class. Sofia sat in a wheelchair but was strong enough to stand in order to move to a regular chair or to reach the CD player. Like my homestay sister Khadijah, Sofia liked to sing and had a good memory for lyrics,

if not for tunes or the acceptable volume of “indoor voices.” Sofia preferred school tapes and recordings of sung Koranic readings, while Khadijah favored traditional songs that I heard at a wedding and during television shows set in rural Morocco. What impressed me most, though, were the complex associations that these two young women had with these songs. Sofia would multi-task by singing along with the tape while quizzing herself with French flash cards whenever the school songs were on, but she would pause, lower her voice, and nod along with the Koranic readings.<sup>18</sup> Khadijah knew a few complex clapping rhythms to go with some of the songs, and she knew how her voice should sound for the song’s usual setting—for example, loud and happy for the traditional Moroccan celebration song.

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Today most Gnaoua music is played for celebrations, such as local or music festivals and weddings. “À Tangiers, tout les mariages sont avec les Gnaouas,”<sup>xiii</sup> Chawki told me with a smile. I asked if there had been any change in the popularity of Gnaoua during his life and he said that his band visited as many houses as ever, but that it was less likely to be for healing than in the past.

A traditional Gnaoua ritual is more than just a musical show. It requires the participation of m’qaddma, female performers and healers, with the usual male Gnaoua musicians. Everyone dresses in one of the seven colors of the djinn, which varies by day and occasion. While the men play, the m’qaddma light candles, sing, and dance to determine the name of the djinn possessing the affected person. Each performance varies depending on the type of djinn. In the ceremony Chawki described for me, the m’qaddma perform a dance with knives that culminates with the cutting of a goat’s throat. Everyone walks around the body three times before the meat is

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<sup>xiii</sup> “In Tangiers, all the weddings are with Gnaoua.”

prepared, often with a great deal of salt, and eaten. Sometimes a chicken will follow the goat—a colorful rooster or, for one of the best-known Moroccan djinn, Aicha Kandisha, a black hen.

The practice and tradition of Gnaoua music varies throughout Morocco and across Northern Africa. In some places, for some djinn, performers will hit themselves with chains, walk on glass, cut themselves with knives, pull their own hair, burn their own skin, or swallow fire. Chawki paused when he saw my expression of disbelief to assure me that his group does not go to such extremes, though they do sometimes perform a fire dance in addition to the knife dance, and one of the standard supplies of the Gnaoua master is powder to make the fire change colors. What matters is that every part of the performance—the blood and meat, the fire and colors, the music and dancing—is done to entice or drive the djinn from its victim’s body.<sup>19</sup>

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From candles to campfires, forest firestorms to volcanoes, fire has always fascinated me. In one of my first complete short stories, the chief villain was a devilish figure who created people with bodies of fire and who lived in the center of the earth where he made volcanoes erupt for his own amusement. Characters in the two books that I wrote swear on and curse by fire, and one group of characters are skilled at managing fire, changing its color, and creating fireworks.

In the initial planning stages of my *Tam Lin / Iron John* combination story, I envisioned a world divided into four elements: air, water, earth, and plant. Jay, now a ghoul, is the son of the queen of the air and the king of plant life and he comes into his own as the general of animals, the fifth element, by the end of the story. But what about fire? It was considered one of the main elements of life in most parts of the world, but it had properties that proved problematic. Chiefly, fire could not exist on its own: something had to start it.



Listening to Chawki describe the rituals of the Gnaoua, which were as much about performance as they were about healing, I thought cynically that most cultures on earth were alike in our preference for a good show over actual change. Of course, on my walk home an hour later, I realized that I had stumbled upon another answer to a problem in my story. So I did not want to give fire a life of its own...but what if the people in my world did that themselves? After all, so many cultures worship the things that they do not understand, and fire was a thing at once both easy and difficult to control. This, then, is the symbol of the learned men in the mosque-like temple, who study the four elements to predict drought and rainfall, work with smiths and farmers, and track the time of day.

One of my favorite parts of this arrangement is that fire is something that everyone in my made-up city has in their house for cooking, cleaning, or crafting. Proximity to and potential understanding of an element of both life and faith is not exclusive to religious leaders, royalty, or the wealthy. Instead, it is something that everyone can share.

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As in most of the world, unfortunately, Morocco's health care system works best for the wealthy and privileged. Benchekroun warned me that any information he gave me would not apply to most mentally ill Moroccans, as his services are too expensive for many families to afford.<sup>20</sup> Hicham, who often takes students to doctors' appointments when their parents are busy, said that the *Association's* class for the mentally handicapped is a government-funded program that allows participants to visit the doctor for free. Some public hospitals also have free, government-funded clinics specializing in mental disorders, but even when these public care options are available, "many people are not aware [of them], so most families don't take their kids to the doctor, because they don't know about it or they think they can't afford it."<sup>21</sup> Both Hicham and Benchekroun agreed that one of the main issues with mental health care in Morocco

is the lack of public knowledge about available treatment, which is, in turn, limited by lack of education.

However, both private practice and public hospital psychologists are concentrated in the cities, leaving the 43% of Moroccans who live in rural areas<sup>22</sup> to rely more on traditional medicine between the annual traveling medical clinics, which are staffed by volunteers who are usually not experts.<sup>23</sup> Some families who can afford to do so may move closer to a town or neighborhood with services for the mentally handicapped, as did a few families Hicham knows.<sup>24</sup> Although many people continue to believe in djinn because of their presence in the Koran, the practice of hiring Gnaoua healers is becoming less frequent with the advance of education and modern medicine, especially in cities. In Benchekroun's experience—again, limited to those with money, education, and the choice to see him—patients today rarely have trouble setting aside their religious beliefs in order to understand the medical reasons behind their disorders.<sup>25</sup>

For those who believe in the power of djinn, Gnaoua healing is still an option. Although less frequent than weddings and other parties, musicians and m'qaddma still make house visits for healing purposes. Those who cannot afford to hire a Gnaoua group come to see m'quaddma and the Chawki family at Chellah. Admittance to the ruins is free to Muslims on Fridays, when Gnaoua players perform throughout the day.<sup>26</sup>

The mentally handicapped and their families can also seek traditional and spiritual healing at the tombs of saints. These *koubba* are small, square, whitewashed buildings where the remains of Moroccan saints—who were wise or miracle-working religious leaders believed to be descended from the Prophet Mohammed—are buried. Tomb attendants who follow the saint's teachings, known as *marabouts*, can advise visitors on special prayers, Koranic recitations, or rituals to perform in order to help a person focus, achieve calm, or communicate. Depending on

the saint and the nature of the mental disorder, the *marabout* may also recommend Gnaoua-like rituals, particularly the slaughtering of a goat or other animal.<sup>27</sup>

Islamic saints are an exclusively Moroccan phenomenon and, as a consequence, so is the darker side of the *koubba*. Although most mentally handicapped people visit tombs with families, some are abandoned there. Presumably, abandonment is the last resort of families too poor or otherwise unable to provide care to support the handicapped member. Leaving someone at a *koubba* ensures that they have a better chance of receiving the aid of fellow Muslims, for whom charity to the less fortunate is a fundamental aspect of the faith.<sup>28</sup>

Then there is Bouya Omar, an infamous *koubba* near Marrakesh that houses the remains of a saint remembered for his ability to talk directly to djinn. The most severely mentally ill and handicapped are left in Bouya Omar for months or even years of supposed treatment. Patients stay in small, often overpriced and overcrowded rooms with strangers, receive very little food, and live in extremely unsanitary conditions. *Marabouts*—many believed to be imposters—will feed, bathe, and move the patient to a cleaner room when their family is coming to visit. In the worst cases, patients are chained in place or violently exorcised. Since a documentary about Bouya Omar aired in 2008, the Moroccan government has begun to crack down on exorcisms and has built a new psychiatric hospital near Marrakesh. However, no one can force families to bring their loved ones to a hospital instead of a *koubba*, and most people on their way to Bouya Omar are those who do not trust modern medicine or cannot afford better treatment.<sup>29</sup>

For the mentally handicapped, a fate more common than abandonment at a *kuobba* or delivery to Bouya Omar is simply being turned out on the street. On the flip side of a life spent in the private sphere of the home is this life in the public view, where the handicapped must rely on the charity of strangers, or even the contents of trash piles, to feed themselves.

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Fortunately, one pillar of Moroccan culture ensures that many of the mentally handicapped do not end up on the streets. Family plays such an important role in society that intermarriages are still frequent, though less common than they once were—which may partly explain Morocco’s relatively high population of people born with mental and physical handicaps. Still, the bonds of family can be strong enough to overcome the sense of *hshuma* associated with mental disorders. When I went to see Bencheckroun, the waiting room was so full of people that I was amazed he had found time to see me, until he explained that most of his patients come with their families and that most have expressed in private that they find the support reassuring rather than daunting.<sup>30</sup>

All of the students at the *Association Dar Takadoum* lived with their families, though their home lives were all different. Sofia’s mother brought her to class fresh out of the *hammam* and Hicham told me that her mother had been working with her on her French flash cards. Yazit’s family took him to the hospital on occasion but never used to let him go outside, concerned about his safety and unaware that he could integrate into society in time. Samir’s family had to go to work or attend school, leaving him alone in the house until his mother finally found the *Association* to help take care of him. Amar’s family communicates with him very well and enjoys watching soccer games together. Bilal spends most of his time outside of his house and looks forward to the days when his older brother comes to take him to the beach.

And then, of course, there was Khadijah. While living with my homestay family I saw and experienced for myself the tempers that her constant singing and babbling could stoke, watched impatient family members nudge her to hurry her up and, on one occasion, I led her away from my computer to a couch across the room. Apart from her size and age, she was much like any very young child who does not always understand what she should and should not do...and like any child, she inspired as many moments of tenderness as frustration. Mama Lalla

took care to brush her hair every time she woke up, kept Khadijah in clean and comfortable pajamas at home and neat, European-style clothes in public, took her weekly to the *hammam*, and brought her on every family visit. Her brothers helped change her, tuck her in for a nap whenever she wanted to sleep, and made sure she had enough to eat and drink throughout the day. Everyone joined her in song on occasion, danced in their seat whenever her favorite music came on TV, helped feed her a fair share of the best pieces of food on the plate, and said hello and goodbye with the customary two Moroccan kisses.

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*The Ballad of Tam Lin* ends rather abruptly with the furious fairy queen wishing that she had taken out Tam's heart and replaced it with a stone so that he would not have fallen in love with Janet, a woman he met in the forest. The outline of my retelling's plot needed more closure, and it needed to end with Jay in order to bring it full circle from the little opening scene he narrated. I had written that piece before coming to Morocco, based on research I had done for a paper about fairies in Shakespearean times, so I went back to that early snippet to get a sense of what I would need to "Moroccanize" and what loose ends would need tying up.

[The baby's abandonment] is a variation of a story that I have seen many times: A new kitchen maid wakes, trembling and frightened after the nighttime visit of a man she can never identify. No one would believe her. When enough months pass that all can see the result, she wakes to find a few coins in her shoe, an insultingly inadequate exchange for the prize she did not willingly surrender, and knows that the mistress will soon dismiss her. With no job, no home, no prospects of marriage, and no chance that she could secure any in her position, what choice does she have? A furtive exchange in the deep of the woods—one paltry coin buys her a freedom that will haunt her the rest of her life. One night of agonizing pain, and she leaves the remains of her child and her life in the marsh and sets out to find a new place in the world.

I had forgotten about that implied abortion, one of those twisted little thoughts that sprout like weeds between the cracks of my good sense. It was fine for a spontaneous writing exercise, but even I would be unlikely to keep reading a story that started that way. The baby had to be

delivered at full term, which meant that I needed a reason for its parents to abandon it. I also had to find out where, exactly, Jay was going to take the baby once he made sure it would survive.

Trying to imagine why someone would not want a child sparked belated inspiration, linking my made-up story to the lives of Yazit and Haroun, to my perplexity about the village's lack of handicapped individuals, and to people like Mama Lalla who show even the most trying children all the affection they can. First, I would have to adjust the scene of the child's discovery.

It did not take a great deal of effort to persuade the fleas in the baby's blanket to organize their fragmented experiences into a clear pattern. It is a variation of a story I have heard enough times to fill in the many gaps: in the women's quarters of a grand home, a young mother delivers a child unusually slant-eyed and flat faced, a disgraceful first root for her family tree. The mother is young and fertile—no need to save this unwanted creature—so by the time of the mother's after birth, the baby has been removed from the house and abandoned within range of hungry beasts that will remove any trace of the child's existence.

Infanticide is not exactly preferable to risky abortion, but I had a plan for this child with Down's syndrome. A powerful fairy queen, I reasoned, would be able to curse Janet for taking Tam away, and the most likely curse for a young bride (not yet pregnant in my version of events) would be barrenness. My versions of Tam and Janet, though, are both loving people who will reach their middle age and regret nothing but that they were never able to raise a child. This girl's little story will bookend the tale, between Jay's discovery of the baby and the delivery call he will pay to the friends who he knows will love and take care of her in spite of her flaws.

And they will name her Khadijah.

## People

Chawki (Boujammà)	M	Chief Gnaoua master of Rabat
Benchekroun (M.F.)	M	psychologist
Hicham	M	teacher of special education class at school in Takadoum
Khadijah	F	my homestay sister
Mama Lalla	F	my homestay mother

### *School Students*

Amar	M	19	quiet, can be aggressive competitively; likes to help teacher and classmates
Bilal	M	18	short memory, dislikes following rules; likes to hug friends and take pictures
Haroun	M	23	Down's syndrome; likes soccer, jokes, and eating
Samir	M	24	wheelchair-bound, severe physical handicaps; likes math, the outdoors, & Islam
Sofia	F	14	has a wheelchair but is able to walk short distances on her own; likes singing
Yazit	M	18	very quiet, short term memory problems; likes learning, meeting new people

\*The notes above are based on observation and a few unprofessional write-ups about the students, none of which contained diagnosis information

## Djinn

<i>Color</i>	<i>Some Associated Djinn</i>
White	Moulay Abdel Kader
Black	Kouhel Mimoun Mimouna, Moulay Hamid
Blue	Sidi Moussa
Red	Sidi Hamon
Green	Moulay Brahim
Yellow	Lemira
Purple	Sam Haroush, Meleka

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- \*Note: *Goodgrass*, the in-process story inspired by my experiences while studying abroad in Morocco, is poised to become my senior thesis.



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- <sup>6</sup> Ihy, 25 April 2011.
- <sup>7</sup> Ihy, 28 April 2011.
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